

Review Article

AI-driven Innovations in Cardiology: A Comprehensive Review of Effectiveness and Challenges

Alattabi Mustafa Allawi Ismael , Mohammed Ali Khudhair Hashim Azzawi ,
Al Mohsen Abbas Jawad Abdulaaima ,
Mohammed Imad Mohammed Mohammed* 

School of Medicine, Xi'an Jiaotong University, Xi'an, China

Abstract

Background: Cardiovascular diseases (CVD) are the leading cause of mortality in China, accounting for 40% of annual deaths and affecting over 290 million individuals. Rapid urbanization, lifestyle changes, and an aging population have exacerbated CVD risk factors such as hypertension, diabetes, and obesity. Artificial Intelligence (AI) technologies, including machine learning (ML) and deep learning (DL), offer transformative potential to address these challenges by enhancing diagnostic accuracy, risk stratification, and patient management. **Objectives:** This systematic review evaluates the effectiveness of AI in improving CVD diagnosis and treatment outcomes within the Chinese healthcare system. Secondary aims include assessing AI's role in risk prediction, identifying implementation barriers, and exploring future directions. **Methods:** Following PRISMA guidelines, we conducted a comprehensive literature search (2021-2025) across PubMed, CNKI, IEEE Xplore, Scopus, and Web of Science. Inclusion criteria focused on peer-reviewed studies involving AI applications (ML/DL) in adult CVD care, while excluding non-empirical research or studies outside China. **Results:** Preliminary findings demonstrate that AI significantly enhances diagnostic precision (e.g., CNNs for ECG interpretation, DL for imaging analysis) and enables personalized treatment plans. Challenges include infrastructural limitations, data privacy concerns, and clinician resistance due to inadequate training. AI-driven predictive analytics show promise in early intervention but require robust validation and ethical oversight. **Conclusion:** AI holds immense potential to revolutionize CVD care in China, though its integration demands addressing technological, educational, and ethical barriers. Future research should prioritize longitudinal studies and standardized frameworks to ensure equitable, transparent AI deployment in cardiology.

Keywords

Artificial Intelligence, Cardiovascular Diseases, Machine Learning, Deep Learning, China, Risk Stratification, Predictive Analytics

1. Introduction

CVD are the leading health problems in China and continue to be a major public health concerns, accounting for approximately 40% of annual deaths and affecting over 290

million individuals [1, 2]. This alarming statistic underscores the urgent need for effective interventions [3]. Rapid urbanization has led to lifestyle changes, including increased sed-

*Corresponding author: Mohammedimad227@gmail.com (Mohammed Imad Mohammed Mohammed)

Received: 25 May 2025; **Accepted:** 19 June 2025; **Published:** 20 August 2025



Copyright: © The Author(s), 2025. Published by Science Publishing Group. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

entary behavior and a shift towards processed foods, which have contributed to the rising prevalence of CVD [4].

Key risk factors include hypertension, diabetes, and obesity, all of which are exacerbated by an aging population [5]. High blood pressure is particularly concerning, as it significantly increases the risk of heart attacks and strokes. The rising incidence of diabetes, especially type 2, is closely linked to obesity and sedentary lifestyles, while obesity itself is driven by poor dietary habits and lack of physical activity [6].

In response to these challenges, AI technologies are emerging as powerful tools for diagnosing cardiovascular diseases in China. With machine and deep learning, AI can extract information from large raw data obtainable from

EHRs, imaging studies, and wearable devices to identify patterns and predict cardiovascular events. These technologies facilitate early detection and enhance diagnostic accuracy for conditions such as coronary artery disease and arrhythmias; Table 1 shows summarized introduction of cardiovascular disease in China and AI Application for diagnosis [7]. Specific applications include machine learning models for risk prediction, deep learning algorithms for improved imaging interpretation, and AI-powered wearables for monitoring real time of vital signs [8]. The coordination of AI into the Chinese healthcare system is bolstered by advancements in technology, government policy support, and the need for training healthcare professionals in these innovative tools [9].

Table 1. Summarized Introduction Cardiovascular Diseases (CVD) in China with AI Applications for Diagnosis.

Topic	Key Points
Prevalence and Impact	CVD accounts for 40% of deaths; over 290 million affected in China.
Urbanization	Leads to lifestyle changes contributing to CVD prevalence.
Lifestyle Changes	Sedentary behavior and unhealthy diets are significant contributors.
Aging Population	Older adults are at higher risk for CVD due to physiological decline.
AI in Diagnosis	AI enhances diagnostic accuracy, early detection, and data analysis.
Machine Learning	Predicts cardiovascular events based on patient data.
Deep Learning	Improves interpretation of cardiac imaging studies.
Wearable Technology	Monitors vital signs in real-time, facilitating early intervention.

2. Objectives of the Systematic Review

2.1. Primary Objective

Evaluate AI's Effectiveness: The primary objective of this systematic review is to evaluate the effectiveness of Artificial Intelligence (AI) technologies in improving diagnostic accuracy and treatment outcomes for patients with cardiovascular diseases (CVD) within the Chinese healthcare system [10-12]. This assessment involves analyzing how AI applications can enhance diagnostic precision, facilitate timely interventions, and ultimately lead to improved patient management and health outcomes. The relationships among these factors are illustrated in Figure 1.

2.2. Secondary Objectives

- Enhance Risk Stratification and Predictive Analytics:**
The objective is to investigate how AI technologies can improve risk stratification for cardiovascular events within the Chinese population. This includes evaluating the ability of AI to analyze patient data effectively and identify individuals at high risk for developing cardiovascular diseases (CVD) [13]. By doing so, we can enable targeted preventive measures and create personalized treatment plans tailored to individual needs [14].
- Identify Challenges to AI Implementation:**
Examine the barriers and challenges faced in the implementation of AI technologies in cardiology within the Chinese healthcare system [15]. This includes exploring technological limitations, provider acceptance, concerns about data privacy, and the need for training and education among healthcare professionals [16].

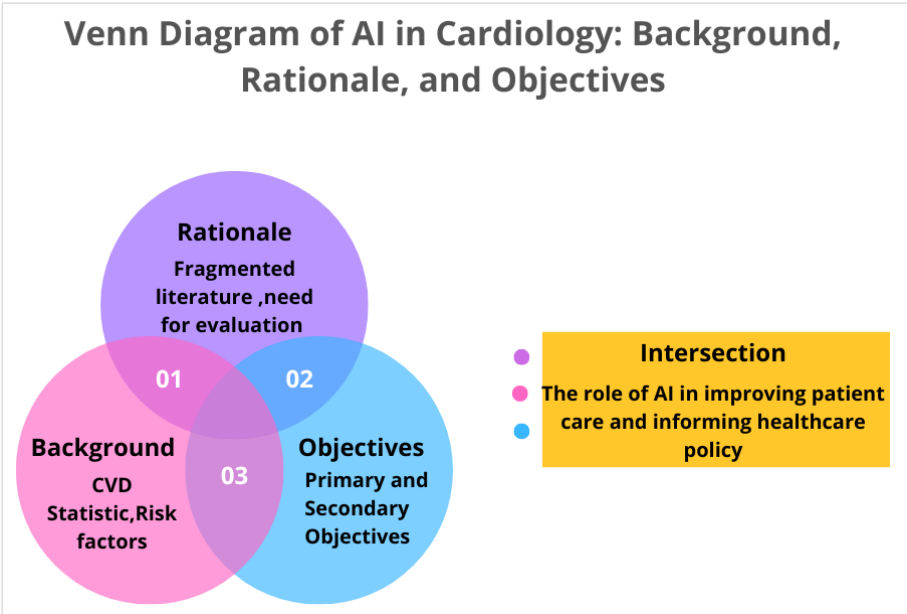


Figure 1. Venn diagram show relationships between rationale, background and objective of study.

3. Explore Current Trends and Future Directions:
The objective of this analysis is to examine current trends in the application of Artificial Intelligence (AI) in cardiology, highlighting emerging technologies and methodologies [17]. Additionally, this objective seeks to identify future directions

for research and development in AI applications, with a focus on how these innovations can be effectively integrated into clinical practice to improve patient care and health outcomes [18].

3. Methodology

3.1. Study Design

Table 2. Summarized inclusion and exclusion criteria for this review.

Category	Inclusion Criteria	Exclusion Criteria
Population	Adult patients (≥18 years) diagnosed with cardiovascular diseases (CVD).	Populations under 18 years or with non-cardiovascular conditions.
Intervention	AI technologies (machine learning, deep learning, predictive analytics) in cardiology.	Non-AI-based interventions or unrelated technologies.
Study Type	Peer-reviewed articles, clinical trials, observational studies, systematic reviews (2022-2023, English/Chinese).	Non-empirical studies, opinion pieces, editorials lacking methodological rigor.
Outcomes	Diagnostic accuracy, treatment outcomes, risk stratification, patient management efficiency.	Studies not reporting relevant outcomes.
Geographic Focus	Research conducted in China or addressing the Chinese healthcare system.	Research conducted outside China or not relevant to the Chinese healthcare system.

PRISMA Guidelines: This systematic review will adhere to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure a transparent and comprehensive synthesis of the literature regarding Arti-

ficial Intelligence (AI) applications in cardiology within the Chinese healthcare system. The PRISMA framework provides a structured approach to reporting systematic reviews, encompassing the formulation of research questions, selection

of relevant studies, data extraction, and synthesis of findings and inclusion and exclusion criteria is shown in Table 2.

3.2. Method

Databases: A comprehensive literature search will be conducted across several key databases to identify relevant studies. The databases to be utilized include and its is summarized in Table 3.

1. PubMed

Search Strategy:
(1) Keywords: "AI-driven innovations", "cardiology", "effectiveness", "challenges", "Chinese context"
(2) Filters: Publication date from 2021 to 2025
(3) Example Search Query:
("Artificial Intelligence" OR "AI" OR "Machine Learning" OR "Deep Learning") AND "cardiology" AND ("China" OR "Chinese") AND ("effectiveness" OR "challenges") AND ("2021/01/01"[Date - Publication]: "2025/12/31"[Date - Publication])

2. CNKI (China National Knowledge Infrastructure)
Search Strategy:
(1) Keywords: "人工智能", "心血管病", "创新", "有效性", "挑战", "中国"
(2) Filters: Publication date from 2021 to 2025
(3) Example Search Query:
(人工智能 OR 机器学习 OR 深度学习) AND 心血管病 AND 创新 AND (有效性 OR 挑战) AND 中国 AND (2021-01-01: 2025-12-31)

3. IEEE Xplore
Search Strategy:
(1) Keywords: "AI-driven innovations", "cardiology", "effectiveness", "challenges", "Chinese context"
(2) Filters: Publication date from 2021 to 2025
(3) Example Search Query:
("Artificial Intelligence" OR "AI" OR "Machine Learning" OR "Deep Learning") AND "cardiology" AND ("China" OR "Chinese") AND ("effectiveness" OR "challenges") AND ("2021": "2025")

4. Scopus
Search Strategy:
(1) Keywords: "AI-driven innovations", "cardiology", "effectiveness", "challenges", "Chinese context"
(2) Filters: Publication date from 2021 to 2025
(3) Example Search Query:
TITLE-ABS-KEY ("Artificial Intelligence" OR "AI" OR "Machine Learning" OR "Deep Learning") AND TITLE-ABS-KEY ("cardiology") AND TITLE-ABS-KEY ("China" OR "Chinese") AND TITLE-ABS-KEY ("effectiveness" OR "challenges") AND PUBYEAR > 2020 AND PUBYEAR < 2026

5. Web of Science
Search Strategy:
(1) Keywords: "AI-driven innovations", "cardiology", "effectiveness", "challenges", "Chinese context"

(2) Filters: Publication date from 2021 to 2025
(3) Example Search Query:
TOPIC: ("Artificial Intelligence" OR "AI" OR "Machine Learning" OR "Deep Learning") AND TOPIC: ("cardiology") AND TOPIC: ("China" OR "Chinese") AND TOPIC: ("effectiveness" OR "challenges") AND PUBLICATION YEARS: (2021-2025)

Table 3. Summarized of study methodology.

Methodology Component	Description
Study Design	Follow PRISMA guidelines for systematic reviews.
Inclusion Criteria	Adult patients with CVD, AI technologies, peer-reviewed studies (2022-2023).
Exclusion Criteria	Non-empirical studies, research outside China, populations under 18 years.
Information Sources	Databases: PubMed, CNKI, IEEE Xplore, Scopus, Web of Science.

4. Results and Discussion

Table 4 presents the characteristics of the studies included in this review, highlighting various aspects such as the types of artificial intelligence algorithms utilized, the healthcare applications targeted, and the outcomes measured across different studies, which collectively illustrate the advancements and challenges in the integration of AI in healthcare settings.

Table 4. Characteristics of study include in this review.

Study	Year	Outcome	Algorithm Type
Fiorina et al.	2023	Prediction of potentially fatal ventricular arrhythmias	Deep Learning (DL)
Silva et al.	2023	Acute pulmonary embolus detection	Ensemble Neural Network
Al-Zaiti et al.	2023	Evaluation of risk in occlusion myocardial infarction	Tree SHAP Algorithm
Choi et al.	2022	Detection of dilated cardiomyopathy	AI-ECG: CNN Model

5. Preliminary Findings

5.1. AI Enhances Diagnostic Accuracy and Treatment Outcomes

1. Preliminary Findings
- The preliminary findings of this systematic review indicate that the integration of Artificial Intelligence (AI) technologies in cardiology significantly enhances diagnostic accuracy [19, 20]. The studies reviewed demonstrate that AI algorithms, particularly those employing machine learning and deep learning techniques, can effectively analyze complex datasets from imaging studies, electronic health records, and wearable devices [21]. This capability allows for the identification of cardiovascular conditions with greater precision compared to traditional diagnostic methods [22].
2. AI Applications in Treatment Outcomes
- Furthermore, AI applications have been shown to enhance treatment outcomes by facilitating timely interventions, personalizing treatment plans, and optimizing patient management strategies [23]. For instance, AI-driven predictive models enable clinicians to make informed decisions regarding the most effective treatment options based on the unique profiles of individual patients [24].
3. AI Applications in Treatment Outcomes
- Furthermore, AI applications have been shown to significantly enhance treatment outcomes by facilitating timely interventions, personalizing treatment plans, and optimizing patient management strategies. These advancements are crucial in today's healthcare landscape, where timely deci-

sion-making can greatly impact patient recovery. For instance, AI-driven predictive models analyze vast amounts of patient data, including medical history, genetic information, and lifestyle factors, to provide clinicians with actionable insights [25, 26]. This enables healthcare providers to make informed decisions regarding the most effective treatment options tailored to the unique profiles of individual patients [27, 28]. By leveraging AI technologies, clinicians can ensure that interventions are not only timely but also aligned with the specific needs and circumstances of each patient, ultimately leading to improved health outcomes.

5.2. Risk Stratification and Predictive Analytics

AI's Role in Improving Patient Management Efficiency:

AI technologies play a crucial role in enhancing risk stratification and predictive analytics for cardiovascular diseases. By analyzing large volumes of patient data, AI can identify individuals at high risk for developing CVD [29], allowing for early intervention and preventive measures, as summarized in Table 5. For example, AI algorithms assess various risk factors, including age, gender, medical history, and lifestyle choices, to generate risk scores that assist clinicians in prioritizing patients for further evaluation or treatment. This target approach not only improves patient outcomes but also optimizes resource allocation within the healthcare system. Furthermore, AI-driven predictive analytics enable real-time monitoring of patients with existing cardiovascular conditions, allowing healthcare providers to proactively adjust treatment plans based on changes in patient status [30].

Table 5. Summarized results and discussion of this review.

Results and Discussion Component	Key Points
Preliminary Findings	AI enhances diagnostic accuracy and treatment outcomes; challenges in implementation and acceptance.
Challenges	Technological limitations, provider acceptance, regulatory and ethical concerns.
Risk Stratification	AI improves patient management efficiency through enhanced risk assessment and predictive analytics.
Predictive Analytics	AI identifies high-risk patients, enabling early intervention and personalized treatment.

5.3. Challenges and Barriers to Implementation

- (1) Technological Limitations
- a) Infrastructure Issues:
- The successful integration of Artificial Intelligence (AI) in cardiology is heavily reliant on a robust technological infrastructure, which encompasses high-speed internet, advanced computing capabilities, and secure data storage solutions. In

many healthcare settings across China, particularly in rural areas, the existing infrastructure may be inadequate to support the effective deployment of AI technologies [31]. This inadequacy can lead to significant delays in data processing, which in turn hinders the real-time application of AI in clinical decision-making [32]. Without the necessary technological support, healthcare providers may struggle to leverage AI's full potential, ultimately affecting the quality of care delivered to patients [33].

b) Data Quality Issues:

The effectiveness of AI algorithms is fundamentally tied to the quality of the data utilized for training and validation. Inconsistent, incomplete, or biased data can result in inaccurate predictions and unreliable outcomes, undermining the potential benefits of AI in cardiology [34]. Furthermore, challenges related to data standardization, integration from multiple sources, and ensuring the accuracy of patient records can significantly hinder the performance of AI systems. Addressing these data quality issues is essential for realizing the full potential of AI in improving cardiovascular care [35].

(2) Provider Acceptance

Resistance to Change:

Healthcare professionals often exhibit resistance to adopting AI technologies, primarily due to concerns regarding the reliability of AI systems and the potential for job displacement. Many providers worry that AI could undermine their expertise or reduce their role in patient care [36]. This resistance can slow the integration of AI into clinical practice and ultimately limit its potential benefits.

(3) Provider Acceptance

Lack of Training:

A major barrier to the acceptance of AI in cardiology is the lack of training and education among healthcare providers [37, 38]. Many clinicians do not possess the necessary knowledge or skills to effectively utilize AI tools in their practice [39, 40]. As a result, without proper training, providers may be hesitant to trust AI recommendations, leading to the underutilization of these technologies.

(4) Ethical Considerations

a) Data Privacy:

The use of AI in healthcare raises significant ethical concerns regarding data privacy and security. Patient data is sensitive and must be protected to maintain confidentiality [41]. There is a risk that AI systems could inadvertently expose personal health information, leading to privacy breaches. Compliance with data protection regulations is essential to build trust among patients and healthcare providers.

b) Decision-Making Transparency:

AI algorithms often function as "black boxes," meaning their decision-making processes are not always transparent or easily understood by users. This lack of transparency can pose challenges in clinical settings, where healthcare providers must justify their decisions to patients and stakeholders. It is crucial for AI systems to provide clear explanations for their recommendations to foster trust and facilitate informed decision-making [42, 43].

5.4. Future Directions

(1) Long-term Outcomes

Importance of Longitudinal Studies:

To fully understand the impact of Artificial Intelligence (AI) on cardiovascular diseases (CVD), it is crucial to conduct longitudinal studies that track patient outcomes over extended

periods [44]. These studies can provide valuable insights into the long-term effectiveness of AI applications in enhancing diagnostic accuracy, treatment outcomes, and overall patient management [45].

Furthermore, longitudinal research can help identify trends in patient health, assess the sustainability of AI-driven interventions, and evaluate the potential for AI to reduce the incidence of cardiovascular events over time. By following patients through various stages of treatment and recovery, researchers can gather comprehensive data that informs best practices and guides future AI developments in cardiology [46, 47].

(2) Ethical Implications

Addressing Ethical Concerns in AI Applications:

As AI technologies evolve and integrate into healthcare, addressing ethical concerns is paramount. Key ethical implications include:

a) Data Privacy and Security: Patient data must be handled with care. Healthcare organizations should implement robust data protection measures to safeguard sensitive information and comply with relevant regulations.

b) Bias and Fairness: AI algorithms can perpetuate biases in training data, leading to unequal treatment outcomes. Future research should focus on developing fair and unbiased AI systems that consider diverse patient demographics and clinical contexts.

c) Informed Consent: Patients should be informed about how their data will be used in AI applications. Clear communication regarding the benefits and risks of AI-driven interventions is essential for obtaining informed consent and fostering trust [48].

d) Transparency and Accountability: Establishing guidelines for the transparency of AI decision-making processes is crucial. Healthcare providers and patients should understand how AI systems arrive at their recommendations, ensuring accountability in clinical decision-making [49, 50].

6. Conclusion

Integrating Artificial Intelligence (AI) into cardiology in China's healthcare system offers a transformative opportunity to enhance diagnostic accuracy and improve treatment outcomes for cardiovascular diseases (CVD). This review highlights AI's potential to tackle the high prevalence of CVD, responsible for about 40% of annual deaths and affecting over 290 million people in China. While AI can improve diagnostic precision and timely interventions, challenges such as technological limitations, provider acceptance, and ethical concerns must be addressed. Longitudinal studies are needed to evaluate AI's long-term impact on patient health and healthcare efficiency. Addressing ethical issues like data privacy and bias are essential for building trust. In summary, while AI integration in cardiology is promising, ongoing research and ethical commitment are vital for maximizing its

benefits in improving cardiovascular care.

Abbreviations

AI	Artificial Intelligence
CVD	Cardiovascular Diseases
EHRs	Electronic Health Records
ML	Machine Learning
DL	Deep Learning
CNN	Convolutional Neural Network
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-analyses
CNKI	China National Knowledge Infrastructure
IEEE	Institute of Electrical and Electronics Engineers
SHAP	SHapley Additive exPlanations

Author Contributions

Alattabi Mustafa Allawi Ismael: Conceptualization, Investigation

Mohammed Ali Khudhair Hashim Azzawi: Visualization, Writing - review & editing

Al Mohsen Abbas Jawad Abdulaaima: Investigation, Methodology, Writing - original draft

Mohammed Imad Mohammed Mohammed: Conceptualization, Data curation

Muneeb Ullah: Formal Analysis

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Cardiovascular risk factors in China: a nationwide population-based cohort study Li, Xi et al. *The Lancet Public Health*, Volume 5, Issue 12, e672 - e681.
- [2] Chan F, Adamo S, Coxson P, Goldman L, Gu D, Zhao D, Chen CS, He J, Mara V, Moran A. Projected impact of urbanization on cardiovascular disease in China. *Int J Public Health*. 2012 Oct; 57(5): 849-54. <https://doi.org/10.1007/s00038-012-0400-y> Epub 2012 Aug 24.
- [3] Zhao D, Liu J, Wang M, Zhang X, Zhou M. Epidemiology of cardiovascular disease in China: current features and implications. *Nat Rev Cardiol*. 2019 Apr; 16(4): 203-212. <https://doi.org/10.1038/s41569-018-0119-4>
- [4] Johnson, K, Torres Soto, J, Glicksberg, B. et al. Artificial Intelligence in Cardiology. *JACC*. 2018 Jun, 71(23) 2668-2679. <https://doi.org/10.1016/j.jacc.2018.03.521>
- [5] Gala D, Behl H, Shah M, Makaryus AN. The Role of Artificial Intelligence in Improving Patient Outcomes and Future of Healthcare Delivery in Cardiology: A Narrative Review of the Literature. *Healthcare (Basel)*. 2024 Feb 16; 12(4): 481. <https://doi.org/10.3390/healthcare12040481>
- [6] Cicek V, Cikirikci EHK, Babaoğlu M, Erdem A, Tur Y, Mohamed MI, Cinar T, Savas H, Bagci U. Machine learning for prognostic prediction in coronary artery disease with SPECT data: a systematic review and meta-analysis. *EJNMMI Res*. 2024 Nov 26; 14(1): 117. <https://doi.org/10.1186/s13550-024-01179-2>
- [7] Cai Y, Cai YQ, Tang LY, Wang YH, Gong M, Jing TC, Li HJ, Li-Ling J, Hu W, Yin Z, Gong DX, Zhang GW. Artificial intelligence in the risk prediction models of cardiovascular disease and development of an independent validation screening tool: a systematic review. *BMC Med*. 2024 Feb 5; 22(1): 56. <https://doi.org/10.1186/s12916-024-03273-7>
- [8] Vandenberk B, Chew DS, Prasana D, Gupta S, Exner DV. Successes and challenges of artificial intelligence in cardiology. *Front Digit Health*. 2023 Jun 28; 5: 1201392. <https://doi.org/10.3389/fdgth.2023.1201392>
- [9] Lewin, S., Chetty, R., Ihdayhid, A. R., & Dwivedi, G. (2024). Ethical challenges and opportunities in applying artificial intelligence to cardiovascular medicine. *Canadian Journal of Cardiology*, 40(10), 1897-1906. <https://doi.org/10.1016/j.cjca.2024.06.029>
- [10] Itchhaporia D. Artificial intelligence in cardiology. *Trends Cardiovasc Med*. 2022 Jan; 32(1): 34-41. <https://doi.org/10.1016/j.tcm.2020.11.007> Epub 2020 Nov 23.
- [11] Heidenreich PA, Bozkurt B, Aguilar D, Allen LA, Byun JJ, Colvin MM, Deswal A, Drazner MH, Dunlay SM, Evers LR, Fang JC, Fedson SE, Fonarow GC, Hayek SS, Hernandez AF, Khazanie P, Kittleson MM, Lee CS, Link MS, Milano CA, Nnacheta LC, Sandhu AT, Stevenson LW, Vardeny O, Vest AR, Yancy CW; ACC/AHA Joint Committee Members. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022 May 3; 145(18): e895-e1032. <https://doi.org/10.1161/CIR.0000000000001063>
- [12] Lopez-Jimenez F, Attia Z, Arruda-Olson AM, Carter R, Chareonthaitawee P, Jouni H, Kapa S, Lerman A, Luong C, Medina-Inojosa JR, Noseworthy PA, Pellikka PA, Redfield MM, Roger VL, Sandhu GS, Senecal C, Friedman PA. Artificial Intelligence in Cardiology: Present and Future. *Mayo Clin Proc*. 2020 May; 95(5): 1015-1039. <https://doi.org/10.1016/j.mayocp.2020.01.038>
- [13] Krittanawong C, Zhang H, Wang Z, Aydar M, Kitai T. Artificial Intelligence in Precision Cardiovascular Medicine. *J Am Coll Cardiol*. 2017 May 30; 69(21): 2657-2664. <https://doi.org/10.1016/j.jacc.2017.03.571>
- [14] Youn, J.-C., Kim, D., Cho, J. Y., Cho, D.-H., Park, S. M., Jung, M.-H., Hyun, J., Cho, H.-J., Park, S.-M., Choi, J.-O., Chung, W.-J., Yoo, B.-S., & Kang, S.-M. (2023). Korean Society of Heart Failure Guidelines for the Management of Heart Failure: Treatment. *Korean Circulation Journal*, 53(4), 217-238. <https://doi.org/10.4070/kcj.2023.0047>

- [15] Dey D, Slomka PJ, Leeson P, Comaniciu D, Shrestha S, Sengupta PP, Marwick TH. Artificial Intelligence in Cardiovascular Imaging: JACC State-of-the-Art Review. *J Am Coll Cardiol*. 2019 Mar 26; 73(11): 1317-1335. <https://doi.org/10.1016/j.jacc.2018.12.054>
- [16] El Sherbini A, Rosenson RS, Al Rifai M, Virk HUH, Wang Z, Virani S, Glicksberg BS, Lavie CJ, Krittanawong C. Artificial intelligence in preventive cardiology. *Prog Cardiovasc Dis*. 2024 May-Jun; 84: 76-89. <https://doi.org/10.1016/j.pcad.2024.03.002> Epub 2024 Mar 7.
- [17] Bart NK, Pepe S, Gregory AT, Denniss AR. Emerging Roles of Artificial Intelligence (AI) in Cardiology: Benefits and Barriers in a 'Brave New World'. *Heart Lung Circ*. 2023 Aug; 32(8): 883-888. <https://doi.org/10.1016/j.hlc.2023.07.005>
- [18] Itelman E, Witberg G, Kornowski R. AI-Assisted Clinical Decision Making in Interventional Cardiology: The Potential of Commercially Available Large Language Models. *JACC Cardiovasc Interv*. 2024 Aug 12; 17(15): 1858-1860. <https://doi.org/10.1016/j.jcin.2024.06.013>
- [19] Skolidis I, Kachrimanidis I, Koliastasis L, Arangalage D, Antiochos P, Maurizi N, Muller O, Fournier S, Hamilos M, Skolidis E. Cardiology in the digital era: from artificial intelligence to Metaverse, paving the way for future advancements. *Future Cardiol*. 2023 Dec; 19(16): 755-758. <https://doi.org/10.2217/fca-2023-0106> Epub 2024 Jan 8.
- [20] Danilov A, Aronow WS. Artificial Intelligence in Cardiology: Applications and Obstacles. *Curr Probl Cardiol*. 2023 Sep; 48(9): 101750. <https://doi.org/10.1016/j.cpcardiol.2023.101750> Epub 2023 Apr 21.
- [21] Salihu A, Gadiri MA, Skolidis I, Meier D, Auberson D, Fournier A, Fournier R, Thanou D, Abbé E, Muller O, Fournier S. Towards AI-assisted cardiology: a reflection on the performance and limitations of using large language models in clinical decision-making. *EuroIntervention*. 2023 Dec 4; 19(10): e798-e801. <https://doi.org/10.4244/EIJ-D-23-00461>
- [22] Watson X, D'Souza J, Cooper D, Markham R. Artificial intelligence in cardiology: fundamentals and applications. *Intern Med J*. 2022 Jun; 52(6): 912-920. <https://doi.org/10.1111/imj.15562> Epub 2022 May 31.
- [23] Chaudhary R, Harinstein ME. Leveraging Artificial Intelligence in Cardiology: Interaction Between Atrial Fibrillation and Cardiopulmonary Dynamics. *Am J Cardiol*. 2023 Oct 15; 205: 497-498. <https://doi.org/10.1016/j.amjcard.2023.08.081> Epub 2023 Sep 9.
- [24] Savarese G, Lindberg F, Christodorescu RM, Ferrini M, Kumler T, Toutoutzas K, Dattilo G, Bayes-Genis A, Moura B, Amir O, Petrie MC, Seferovic P, Chioncel O, Metra M, Coats AJS, Rosano GMC. Physician perceptions, attitudes, and strategies towards implementing guideline-directed medical therapy in heart failure with reduced ejection fraction. A survey of the Heart Failure Association of the ESC and the ESC Council for Cardiology Practice. *Eur J Heart Fail*. 2024 Jun; 26(6): 1408-1418. <https://doi.org/10.1002/ehhf.3214> Epub 2024 Mar 22.
- [25] Miller RJH, Slomka PJ. Artificial Intelligence in Nuclear Cardiology: An Update and Future Trends. *Semin Nucl Med*. 2024 Sep; 54(5): 648-657. <https://doi.org/10.1053/j.semnuclmed.2024.02.005> Epub 2024 Mar 22.
- [26] Rudnicka Z, Pręgoska A, Gładys K, Perkins M, Proniewska K. Advancements in artificial intelligence-driven techniques for interventional cardiology. *Cardiol J*. 2024; 31(2): 321-341. <https://doi.org/10.5603/cj.98650> Epub 2024 Jan 22.
- [27] Hamayun S, Hameed H, Rehman AU, Amin Z, Malik MN. Innovations in interventional cardiology: Pioneering techniques for a new era. *Curr Probl Cardiol*. 2024 Dec; 49(12): 102836. <https://doi.org/10.1016/j.cpcardiol.2024.102836> Epub 2024 Sep 4.
- [28] Chinese Society of Cardiology. (2025). Chinese guidelines for the diagnosis and treatment of heart failure 2024. *Cardiology Discovery*, 5(1), 1-38. <https://doi.org/10.1097/CD9.000000000000146>
- [29] Dorado-Díaz PI, Sampedro-Gómez J, Vicente-Palacios V, Sánchez PL. Applications of Artificial Intelligence in Cardiology. The Future is Already Here. *Rev Esp Cardiol (Engl Ed)*. 2019 Dec; 72(12): 1065-1075. English, Spanish. <https://doi.org/10.1016/j.rec.2019.05.014> Epub 2019 Oct 12.
- [30] Menown IA, Shand JA. Recent advances in cardiology. *Future Cardiol*. 2010 Jan; 6(1): 11-7. Erratum in: *Future Cardiol*. 2012 Jan; 8(1): 141-2. <https://doi.org/10.2217/fca.09.59>
- [31] Cappato R, Marchlinski FE, Hohnloser SH, Naccarelli GV, Xiang J, Wilber DJ, Ma CS, Hess S, Wells DS, Juang G, Vijgen J, Hügler BJ, Balasubramaniam R, De Chillou C, Davies DW, Fields LE, Natale A; VENTURE-AF Investigators. Uninterrupted rivaroxaban vs. uninterrupted vitamin K antagonists for catheter ablation in non-valvular atrial fibrillation. *Eur Heart J*. 2015 Jul 21; 36(28): 1805-11. <https://doi.org/10.1093/eurheartj/ehv177> Epub 2015 May 14.
- [32] You SC, Yao X, Bikdeli B, Spatz ES. Embracing Change: Human-Centered Cardiovascular Medicine in the Era of AI. *J Am Coll Cardiol*. 2024 Oct 8; 84(15): 1495-1497. <https://doi.org/10.1016/j.jacc.2024.08.047>
- [33] Langlais ÉL, Thériault-Lauzier P, Marquis-Gravel G, Kulbay M, So DY, Tanguay JF, Ly HQ, Gallo R, Lesage F, Avram R. Novel Artificial Intelligence Applications in Cardiology: Current Landscape, Limitations, and the Road to Real-World Applications. *J Cardiovasc Transl Res*. 2023 Jun; 16(3): 513-525. <https://doi.org/10.1007/s12265-022-10260-x> Epub 2022 Apr 22.
- [34] Parsa, S., Shah, P., Doijad, R. *et al*. Artificial Intelligence in Ischemic Heart Disease Prevention. *Curr Cardiol Rep* 27, 44(2025). <https://doi.org/10.1007/s11886-025-02203-0>
- [35] Otaki Y, Miller RJH, Slomka PJ. The application of artificial intelligence in nuclear cardiology. *Ann Nucl Med*. 2022 Feb; 36(2): 111-122. <https://doi.org/10.1007/s12149-021-01708-2> Epub 2022 Jan 14.

- [36] Inam M, Sheikh S, Minhas AMK, Vaughan EM, Krittanawong C, Samad Z, Lavie CJ, Khoja A, D'Cruze M, Slipczuk L, Alarakhiya F, Naseem A, Haider AH, Virani SS. A review of top cardiology and cardiovascular medicine journal guidelines regarding the use of generative artificial intelligence tools in scientific writing. *Curr Probl Cardiol.* 2024 Mar; 49(3): 102387. <https://doi.org/10.1016/j.cpcardiol.2024.102387> Epub 2024 Jan 5.
- [37] Pieszko K, Hiczekiewicz J, Budzianowski J, Musielak B, Hiczekiewicz D, Faron W, Rzeźniczak J, Burchardt P. Clinical applications of artificial intelligence in cardiology on the verge of the decade. *Cardiol J.* 2021; 28(3): 460-472. <https://doi.org/10.5603/CJ.a2020.0093> Epub 2020 Jul 10.
- [38] Jain SS, Elias P, Poterucha T, Randazzo M, Lopez Jimenez F, Khera R, Perez M, Ouyang D, Pirruccello J, Salerno M, Einstein AJ, Avram R, Tison GH, Nadkarni G, Natarajan V, Pierson E, Beecy A, Kumaraiah D, Haggerty C, Avari Silva JN, Maddox TM. Artificial Intelligence in Cardiovascular Care-Part 2: Applications: JACC Review Topic of the Week. *J Am Coll Cardiol.* 2024 Jun 18; 83(24): 2487-2496. <https://doi.org/10.1016/j.jacc.2024.03.401> Epub 2024 Apr 7.
- [39] Wang H, Zu Q, Lu M, Chen R, Yang Z, Gao Y, Ding J. Application of Medical Knowledge Graphs in Cardiology and Cardiovascular Medicine: A Brief Literature Review. *Adv Ther.* 2022 Sep; 39(9): 4052-4060. <https://doi.org/10.1007/s12325-022-02254-7> Epub 2022 Jul 30.
- [40] Chowdhury D, Hope KD, Arthur LC, Weinberger SM, Ronai C, Johnson JN, Snyder CS. Telehealth for Pediatric Cardiology Practitioners in the Time of COVID-19. *Pediatr Cardiol.* 2020 Aug; 41(6): 1081-1091. <https://doi.org/10.1007/s00246-020-02411-1> Epub 2020 Jul 12.
- [41] Sliwa K, Hilfiker-Kleiner D, Petrie MC, Mebazaa A, Pieske B, Buchmann E, Regitz-Zagrosek V, Schaufelberger M, Tavazzi L, van Veldhuisen DJ, Watkins H, Shah AJ, Seferovic PM, Elkayam U, Pankuweit S, Papp Z, Mouquet F, McMurray JJ; Heart Failure Association of the European Society of Cardiology Working Group on Peripartum Cardiomyopathy. Current state of knowledge on aetiology, diagnosis, management, and therapy of peripartum cardiomyopathy: a position statement from the Heart Failure Association of the European Society of Cardiology Working Group on peripartum cardiomyopathy. *Eur J Heart Fail.* 2010 Aug; 12(8): 767-78. <https://doi.org/10.1093/eurjhf/hfq120>
- [42] Gala D, Makaryus AN. The Utility of Language Models in Cardiology: A Narrative Review of the Benefits and Concerns of ChatGPT-4. *Int J Environ Res Public Health.* 2023 Jul 25; 20(15): 6438. <https://doi.org/10.3390/ijerph20156438>
- [43] Kulkarni P, Mahadevappa M, Chilakamarri S. The Emergence of Artificial Intelligence in Cardiology: Current and Future Applications. *Curr Cardiol Rev.* 2022; 18(3): e191121198124. <https://doi.org/10.2174/1573403X1766621119102220>
- [44] Van den Eynde J, Lachmann M, Laugwitz KL, Manlhiot C, Kutty S. Successfully implemented artificial intelligence and machine learning applications in cardiology: State-of-the-art review. *Trends Cardiovasc Med.* 2023 Jul; 33(5): 265-271. <https://doi.org/10.1016/j.tcm.2022.01.010> Epub 2022 Jan 31.
- [45] Howe AJ, Shand JA, Menown IB. Advances in cardiology: clinical trial update. *Future Cardiol.* 2011 May; 7(3): 299-310. <https://doi.org/10.2217/fca.11.17>
- [46] Miller RJH, Slomka PJ. Current status and future directions in artificial intelligence for nuclear cardiology. *Expert Rev Cardiovasc Ther.* 2024 Aug; 22(8): 367-378. <https://doi.org/10.1080/14779072.2024.2380764> Epub 2024 Jul 16.
- [47] Miller RJH, Huang C, Liang JX, Slomka PJ. Artificial intelligence for disease diagnosis and risk prediction in nuclear cardiology. *J Nucl Cardiol.* 2022 Aug; 29(4): 1754-1762. <https://doi.org/10.1007/s12350-022-02977-8> Epub 2022 May 4.
- [48] Miller DD. Machine Intelligence in Cardiovascular Medicine. *Cardiol Rev.* 2020 Mar/Apr; 28(2): 53-64. <https://doi.org/10.1097/CRD.0000000000000294>
- [49] Huwiler J, Oechslin L, Biaggi P, Tanner FC, Wyss CA. Experimental assessment of the performance of artificial intelligence in solving multiple-choice board exams in cardiology. *Swiss Med Wkly.* 2024 Oct 2; 154: 3547. <https://doi.org/10.57187/s.3547>
- [50] Arrigo M, Price S, Harjola VP, Huber LC, Schaubroeck HAI, Vieillard-Baron A, Mebazaa A, Masip J. Diagnosis and treatment of right ventricular failure secondary to acutely increased right ventricular afterload (acute cor pulmonale): a clinical consensus statement of the Association for Acute CardioVascular Care of the European Society of Cardiology. *Eur Heart J Acute Cardiovasc Care.* 2024 Mar 11; 13(3): 304-312. <https://doi.org/10.1093/ehjacc/zuad157>